

October 28, 1985

Shipper 14613

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No	Manifest Document No	2 Page 1 of 1	Information in the shaded areas is not required by Federal law		
3. Generator's Name and Mailing Address Para Plate 3242 E. Olympic Blvd., LA, CA 90023		CAX000036483		A. State Manifest Document Number 84341942			
4. Generator's Phone (213) 258-4281		6. US EPA ID Number		B. State Generator's ID CAX000036483			
5. Transporter 1 Company Name Omega Chemical Corp.		7. US EPA ID Number CAD042245001		C. State Transporter's ID 213/698-0991			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213/698-0991			
9. Designated Facility Name and Site Address Omega Chemical Corp. 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CAD042245001		E. State Transporter's ID F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. Waste ORM-A N.O.S. ORM-A NA 1693 (Flexosolvent)		No. Type		G. State Facility's ID CAD042245001		H. Facility's Phone 213/698-0991	
b.		02 DM		G		211	
c.							
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information VOID							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name				Signature		Date Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
TO: P.O. Box 3000, Sacramento, CA 95812